

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Prosperity Action Inc.

Full Name (Last, First, Middle Initial)

A. DAVID DANIELSON

Mailing Address 1831 CARMEN WAY

City
OXNARD

State Zip Code
CA 93036-1571

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

09 / 09 / 2014

Transaction ID : SA11.86271

Amount of Each Receipt this Period

100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. DAVID DANIELSON

Mailing Address 1831 CARMEN WAY

City
OXNARD

State Zip Code
CA 93036-1571

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

09 / 29 / 2014

Transaction ID : SA11.90970

Amount of Each Receipt this Period

100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. LEE DAVIS

Mailing Address 836 OLD COUNTY RD

City
FRANCESTOWN

State Zip Code
NH 03043-3618

FEC ID number of contributing
federal political committee.

C

Name of Employer

LONGWOOD ORTHOPEDIC ASSOCIATES

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 14 / 2014

Transaction ID : SA11.86784

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

450.00